



USAID'S Expanded Response to the Global HIV/AIDS Pandemic

Goal statement: USAID is committed to enhancing the capacity of developing and transitional countries to protect their populations not yet infected by HIV and to providing services to those infected and others affected by the epidemic.

USAID will work toward the following international targets by 2007:

- Reduce HIV prevalence rates among those 15-24 years of age by 50% in high prevalence countries
- Maintain prevalence below 1% among 15-49 year olds in low prevalence countries
- Ensure that at least 25% of HIV/AIDS infected mothers in high prevalence countries have access to interventions to reduce HIV transmission to their infants
- Help local institutions to provide basic care and psychosocial support services to at least 25% of HIV infected persons and to provide community support services to at least 25% of children affected by AIDS in high prevalence countries

USAID's Strategy: USAID will organize its response around three categories of countries:

- rapid scale-up countries:** 4 countries will receive a significant increase in resources to achieve measurable impact within *one-to-two years*
- intensive countries:** in 13 countries and 3 targeted sub-regions, resources will be increased and targeted to reduce prevalence rates (or keep prevalence low in low prevalence countries), to reduce HIV transmission from mother to infant and to increase support services for people (including children) living with and affected by AIDS *within three-to-five years*
- basic countries:** in 25 countries and several targeted sub-regions, resources will be used to maintain technical assistance, training and commodity support and to help encourage other sources of funding and support to help the countries move towards the 2007 goals

Countries have been designated for each of the three categories based on of such criteria as:

- Severity and magnitude of the epidemic
- Impact on economic and social sectors
- Risk of a rapid increase in prevalence
- Availability of other sources of funding
- US national interest
- Strength of host country partnerships

Prevalence Groupings in Rapid Scale-Up and Intensive Focus Countries

| High prevalence | | Low prevalence | Targeted sub-regions |
|------------------------|--------------|-----------------------|-----------------------------|
| Cambodia* | Malawi | India | West Africa |
| Kenya* | Mozambique | Brazil | Asia regional |
| Uganda* | Namibia | Russia | Caribbean sub-region |
| Zambia* | Nigeria | Senegal | |
| Ethiopia | Rwanda | | |
| Ghana | South Africa | | |
| Tanzania | | | |

*rapid scale-up countries

To achieve these goals in the rapid scale-up and intensive countries:

- In the four rapid scale-up countries, identified with an asterisk (*) above and chosen because of their potential as model programs, USAID will work to see that significant increases in program coverage and intensity in the **targeted population** occur within one to two years.

- In the high prevalence countries and regions, USAID will *work with other donors* to see that no less than 80% of the **targeted population** be provided a comprehensive package of prevention and care services within 3-5 years
- In low prevalence countries USAID will *work with other donors* to see that no less than 80% of **targeted high-risk population** in the program areas be provided a comprehensive package of prevention activities within 3-5 years
- In order to achieve the ambitious goals of this strategy, the 17 countries and 3 sub-regions identified as intensive and rapid scale-up locations will have first claim on *additional* USAID resources (direct-hire and non direct-hire staff, budget, commodities, and AID/W central bureau technical support). Additional resources refer to resources that are over and above what was planned at FY 2001 CP levels (see below). Technical support will include strategy and program development, policy dialogue with host country officials and other donors, program monitoring and reporting, among other support needs.

In the basic countries, USAID will continue its efforts to support host country efforts to deal with the pandemic:

- AID/W support for basic programs will continue in order to ensure that these countries as well are moving towards the 2007 goals.
- In basic countries USAID will fund programs at FY 2001 CP levels as warranted, based on analysis of needs, Agency capabilities, pipelines and the availability of other USG and other donor resources.
- In these countries, USAID will also assist country institutions to identify additional sources of funding to expand programming.
- In these countries, USAID will continue to provide information, training and/or commodities, and technical assistance from Washington as warranted and as resources permit.
- In several targeted sub-regional efforts, special attention will be directed at strengthening regional institutions to deal with cross-border transmission of the disease.

In all countries:

- Effective coordination with other donors and country institutions will be a central feature of the USAID strategy *in all countries*. We will actively seek partnerships with other U.S. government agencies as well as PVOs, NGOs, international agencies, the World Bank and other multilateral organizations in order to leverage our resources to achieve the goals established for 2007.
- An expanded monitoring and evaluation system to provide information on a national level as well as on USAID-financed programs will be implemented, with first priority given to rapid scale up and intensive focus countries. Program reporting will focus on reduction of HIV transmission and changes in sexual behavior. Progress and program impact will be measured against the following indicators:
 - HIV sero-prevalence for 15-24 year olds
 - % condom use with last non-regular sexual partner
 Depending on country approach, additional reporting may be required as follows:
 - % of target population requesting an HIV test and receiving counseling
 - % of target orphans/vulnerable children with access to community services
 - % of target population with access to drug treatment to reduce mother-to-children HIV transmission
 - % of STI cases treated according to national standards
 - total condoms sold
 - % of HIV infected persons with access to basic care and psychosocial support

USAID will report on progress *annually* in USAID's Annual Performance Report.

- In all programs, we will pay special attention to refugees, the internally displaced, combatants and their families, and victims of conflict, all of whom are at especially high risk.

Basic Countries

| Africa | ANE | E&E | LAC |
|-------------------------------|-------------|-------------------------|---------------|
| Angola | Bangladesh | Central Asian Republics | Bolivia |
| Benin | East Timor | Ukraine | Dom. Republic |
| DR of Congo | Indonesia | CEE Regional | El Salvador |
| Eritrea | Nepal | NIS Regional | Guatemala |
| Guinea | Philippines | | Guyana |
| Madagascar | | | Haiti |
| Mali | | | Honduras |
| Zimbabwe (LIFE) | | | Jamaica |
| REDSO/E | | | Mexico |
| Western Sahel | | | Nicaragua |
| Southern Africa Region (LIFE) | | | Peru |
| | | | G-CAP |

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